

Appl. No: 09/623,012  
Reply to Office Action of December 11, 2003

*Handwritten:* #7/A  
P. Delong  
03/17/04

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Teraoka  
Appl. No.: 09/623,012  
Filed: September 28, 2000  
Title: DATA TRANSMITTING METHOD  
Art Unit: 2667  
Examiner: D. Lam  
Docket No.: 113184-0004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

MAR 16 2004

Technology Center 2600

**AMENDMENT**

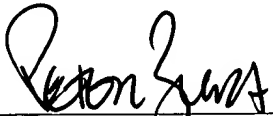

Sir:

In response to the Office Action dated December 11, 2003, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 3 of this paper.

2667

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. 0113184-00004	
Applicant(s): Teroka					
Serial No. 09/623,012	Filing Date September 28, 2000	Examiner D. Lam		Group Art Unit 2667	
Invention: DATA TRANSMITTING METHOD				<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">             RECEIVED MAR 16 2004           </div>	
<u>TO THE COMMISSIONER FOR PATENTS:</u>				Technology Center 2600	
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.         </div> <div style="text-align: right;">           Dated: March 10, 2004         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             _____            Signature         </div> <div style="width: 50%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">             I certify that this document and fee is being deposited on              March 10, 2004 with the U.S. Postal Service as first              class mail under 37C.F.R. 1.8 and is addressed to the              for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           </div> <div style="text-align: center;">               _____              Signature of Person Mailing Correspondence           </div> <div style="text-align: center;">             Renee Street              _____              Typed or Printed Name of Person Mailing Correspondence           </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>Peter Zura</b>  <b>Reg. No. 48,196</b>  <b>P.O. Box 1135</b>  <b>Chicago, Illinois 60690-1135</b>  <b>(312) 807-4708</b> </div> <div>             CC:           </div> </div>					